

PLAINTIFF'S PERSONAL PROFILE SHEET

**Pursuant to Case Management Order No. 1, February 22, 2013 and
Case Management Order No. 2, March 21, 2013**

(Incorporating the rulings made by the Court on the record on March 20, 2013)

1. Plaintiff's Full Name

(First, Middle, Father's
Surname, Mother's
Surname): _____

**** Please list any
alternate names or
nicknames used by the
Plaintiff, including any
alternate spellings.** _____

2. Male or Female: _____

3. Date of Birth: _____

Place of Birth: _____

4. DNI Number: _____

**5. Please list all addresses of locations where Plaintiff has lived from Birth to Present:
Please provide the starting and ending dates (month/year) for the period of time
Plaintiff resided at each location.**

Period of Time: _____

Address: _____

Neighborhood: _____

City: _____

Period of Time: _____

Address: _____

Neighborhood: _____

City: _____

Period of Time: _____

Address: _____

Neighborhood: _____

City: _____

Period of Time: _____

Address: _____

Neighborhood: _____

City: _____

6. Plaintiffs mother's address(es) during pregnancy with Plaintiff: Please provide the starting and ending dates (month/year) for the period of time Plaintiff's mother resided at each location.

<u>Period of Time</u>	<u>Address(es)</u>	<u>City and Neighborhood</u>
From: _____	_____	_____
To: _____	_____	_____
From: _____	_____	_____
To: _____	_____	_____
From: _____	_____	_____
To: _____	_____	_____

7. Full name, address, DNI number, and date of birth of plaintiff's mother, father and/or legal guardian.

Mother – Full Name: _____

Address: _____

City: _____

Neighborhood: _____

DNI Number: _____

Date of Birth: _____

Father – Full Name: _____

Address: _____

City: _____

Neighborhood: _____

DNI Number: _____

Date of Birth: _____

Legal Guardian –

Full Name: _____

Address: _____

City: _____

Neighborhood: _____

DNI Number: _____

Date of Birth: _____

Relationship to

Plaintiff: _____

8. Please provide the full name, DNI number, and date of birth of any siblings of the Plaintiff.

Full Name: _____

DNI Number: _____

Date of Birth: _____

Full Name: _____

DNI Number: _____

Date of Birth: _____

Full Name: _____

DNI Number: _____

Date of Birth: _____

Full Name: _____

DNI Number: _____

Date of Birth: _____

9. Please provide the name, DNI, and relationship to you of any other family member who is a plaintiff in this or any other case filed in either the United States District Court for the Eastern District of Missouri or the Circuit Court for the City of St. Louis, Missouri.

Full Name: _____

DNI Number: _____

Relationship to Plaintiff: _____

Full Name: _____

DNI Number: _____

Relationship to Plaintiff: _____

Full Name: _____

DNI Number: _____

Relationship to Plaintiff: _____

10. Is the plaintiff currently enrolled in school? YES/NO

What is the highest level of education that the plaintiff has completed?

Name and address of all schools the plaintiff has attended and the dates of attendance (month/year) for each school.

Dates of Attendance: _____

School: _____

Address: _____

City: _____

Neighborhood: _____

Dates of Attendance: _____

School: _____

Address: _____

City: _____

Neighborhood: _____

Dates of Attendance: _____

School: _____

Address: _____

City: _____

Neighborhood: _____

11. Name and address of all employers for whom the plaintiff has worked and the starting and ending dates (month/year) of employment for each employer.

Employer: _____

Dates of Employment: _____

Address: _____

City: _____

Neighborhood: _____

Employer: _____

Dates of Employment: _____

Address: _____

City: _____

Neighborhood: _____

Employer: _____

Dates of Employment: _____

Address: _____

City: _____

Neighborhood: _____

Employer: _____

Dates of Employment: _____

Address: _____

City: _____

Neighborhood: _____

12. Name and address of every medical provider or facility from whom the plaintiff has received medical care or counsel.

Name of Provider: _____

Address: _____

City: _____

Neighborhood: _____

Reason for Treatment: _____

Dates of Treatment: _____

Name of Provider: _____

Address: _____

City: _____

Neighborhood: _____

Reason for Treatment: _____

Dates of Treatment: _____

Name of Provider: _____

Address: _____

City: _____

Neighborhood: _____

Reason for Treatment: _____

Dates of Treatment: _____

Name of Provider: _____

Address: _____

City: _____

Neighborhood: _____

Reason for Treatment: _____

Dates of Treatment: _____

Name of Provider: _____

Address: _____

City: _____

Neighborhood: _____

Reason for Treatment: _____

Dates of Treatment: _____

Name of Provider: _____

Address: _____

City: _____

Neighborhood: _____

Reason for Treatment: _____

Dates of Treatment: _____

13. List ALL injuries, illnesses, and/or conditions plaintiff claims were allegedly caused by an exposure to materials or substances from the La Oroya metallurgical complex. If you answer "Yes," you must provide an explanation, date of onset, and the names of healthcare providers or medical facilities, if you have received medical treatment.

Symptom	Please Circle	Explanation	Date of Onset	Name of healthcare provider or medical facility
Learning Impairment	YES / NO			
Speech Impairment	YES / NO			
Memory Loss	YES / NO			
Irritability	YES / NO			
Personality Change	YES / NO			
Hyperactivity	YES / NO			
Aggression	YES / NO			
Difficulty sleeping	YES / NO			

Symptom	Please Circle	Explanation	Date of Onset	Name of healthcare provider or medical facility
Nausea	YES / NO			
Vomiting	YES / NO			
Abdominal pain	YES / NO			
Constipation	YES / NO			
Loss of appetite	YES / NO			
Weight loss	YES / NO			
Small stature/stunted growth	YES / NO			
Headaches	YES / NO			
Lethargy	YES / NO			

Symptom	Please Circle	Explanation	Date of Onset	Name of healthcare provider or medical facility
Convulsions	YES / NO			
Loss of balance	YES / NO			
Fainting	YES / NO			
Coma	YES / NO			
Paralysis	YES / NO			
Hearing impairment	YES / NO			
Vision impairment	YES / NO			
Pain, numbness or tingling in legs, arms, hands or feet	YES / NO			
Muscular weakness	YES / NO			

Symptom	Please Circle	Explanation	Date of Onset	Name of healthcare provider or medical facility
Anemia	YES / NO			
High blood pressure	YES / NO			
Heart disease	YES / NO			
Lung disease	YES / NO			
Kidney damage	YES / NO			
Birth Defect(s)	YES / NO			
Cancer (list specific diagnosis)	YES / NO			
Other conditions (please list):				

Symptom	Please Circle	Explanation	Date of Onset	Name of healthcare provider or medical facility

14. Please provide the information below for any measured blood and/or urine testing results for lead, arsenic, cadmium, or other toxic substance. Please provide a copy of the lab results if available.

Date Tested: _____

Blood or Urine: _____

Substance Tested: _____

Results: _____

Facility/Laboratory: _____

Date Tested: _____

Blood or Urine: _____

Substance Tested: _____

Results: _____

Facility/Laboratory: _____

Date Tested: _____

Blood or Urine: _____

Substance Tested: _____

Results: _____

Facility/Laboratory: _____

Date Tested: _____

Blood or Urine: _____

Substance Tested: _____

Results: _____

Facility/Laboratory: _____

Date Tested: _____

Blood or Urine: _____

Substance Tested: _____

Results: _____

Facility/Laboratory: _____

15. List any and all claims or lawsuits brought by the plaintiff for the injuries claimed as a result of exposures from the Doe Run complex, other than this lawsuit in Missouri including all of the following information.

Court name & location: _____

Filed date: _____

Case number: _____

Result of case: _____

Award amount: _____

Source of Award: _____

Date of Award: _____

Court name & location: _____

Filed date: _____

Case number: _____

Result of case: _____

Award amount: _____

Source of Award: _____

Date of Award: _____

16. Please provide a statement detailing any sum of money plaintiff has been paid for the injuries claimed in this lawsuit other than what is listed in the above question, including the amount, source of payment and date of award.

17. Provide a list of all law firms that represent the plaintiff in relation to the lawsuit that has been filed on behalf of the plaintiff in St. Louis, Missouri, United States of America.

I understand that the information I have provided in this Personal Profile Sheet will be used in relation with the lawsuit that has been filed on behalf of _____ (name of plaintiff) in Saint Louis, Missouri, United States of America.

I declare under penalty of perjury under the Laws of the United States of America that the foregoing information is true and correct to the best of my knowledge and belief.

Date: _____

Signature of Plaintiff

DNI Number _____

Please print name

Date: _____

Signature of Person who Provided the Information Contained Herein

DNI Number _____

Please print name

Relationship to Plaintiff

In witness thereof, I have hereunto subscribed my name and affixed my official seal this _____ day of _____, 2013.

My Commission Expires: _____

Notary Public

Date: _____

Signature of Witness

Please print name